

SERIAL NUMBER 09/406,322	FILING DATE 09/27/99	CLASS 379	GROUP ART UNIT 2743	ATTORNEY DOCKET NO. 99.593
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APPLICANT GUIDO M. SCHUSTER, RESIDENCE NOT PROVIDED; IKHLAQ S. SIDHU, RESIDENCE NOT PROVIDED; FREDERICK D. DEAN, RESIDENCE NOT PROVIDED; RONNEN BELKIND, RESIDENCE NOT PROVIDED.

CONTINUING DOMESTIC DATA***
VERIFIED

none BN 5/3/03

371 (NAT'L STAGE) DATA***
VERIFIED

none BN

FOREIGN APPLICATIONS***
VERIFIED

none BN

RECEIVED
NOV - 8 1999
TC 2100 MAIL ROOM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/15/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY XPX	SHEETS DRAWING 9	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Initials <u>BN</u> Initials _____					

ADDRESS	MCDONNELL BOEHNNEN HULBERT & BERGHOFF 32ND FLOOR 300 SOUTH WACKER DRIVE CHICAGO IL 60606
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TITLE	SYSTEM AND METHOD FOR ACCESSING A NETWORK SERVER USING A PORTABLE INFORMATION DEVICES THROUGH A NETWORK BASED TELECOMMUNICATION SYSTEM
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FILING FEE RECEIVED \$0	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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APPLICANT GUIDO M. SCHUSTER, DES PLAINES, IL; IKHLAQ S. SIDHU, VERNON HILLS, IL;
FREDERICK D. DEAN, CHICAGO, IL; RONNEN BELKIND, CHICAGO, IL.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/15/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 9	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS MCDONNELL BOEHNNEN HULBERT & BERGHOFF
32ND FLOOR
300 SOUTH WACKER DRIVE
CHICAGO IL 60606

TITLE SYSTEM AND METHOD FOR ACCESSING A NETWORK SERVER USING A PORTABLE
INFORMATION DEVICES THROUGH A NETWORK BASED TELECOMMUNICATION SYSTEM

FILING FEE RECEIVED \$890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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